

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000102586

**Entity Name:** BRIGHTSIDE INSURANCE ASSOCIATES LLC

**Current Principal Place of Business:**

8713 PALM RANCHES PL  
TAMPA, FL 33614

**Current Mailing Address:**

8713 PALM RANCHES PL  
TAMPA, FL 33614 US

**FEI Number:** 92-2727189

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PARTEE, AUSTIN JAMES  
8713 PALM RANCHES PL  
TAMPA, FL 33614 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** AUSTIN PARTEE

02/07/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name KARLS, COLLIN A  
Address 8713 PALM RANCHES PL  
City-State-Zip: TAMPA FL 33614

Title AMBR  
Name PARTEE, AUSTIN J  
Address 8713 PALM RANCHES PL  
City-State-Zip: TAMPA FL 33614

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** AUSTIN PARTEE

CEO

02/07/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date